

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05430

Reg. Dist. No. 333

1. PLACE OF DEATH:

County... *Hygonic*City or town... *Salisbury*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *Delaware* County... *Issaquah*City or town... *Seaside*
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Nellie May Gleser

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

May 4 1874

8. AGE:

Years

Months

Days

If less than one day

*74**0**8*

hrs.

min.

9. Birthplace

Delaware
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Levin J. Gleser

13. Birthplace

Delaware

MOTHER

14. Maiden name

Francesa Gleser

15. Birthplace

Delaware

16. Informant

Mr. John Hastings

Address

Seaside Del

17.

(Burial, cremation, or removal. Which?)

Date thereof

May 15 48
(month) (day) (year)

Cemetery or crematory

Old Fellowship Cemetery

Location

Seaside Del

18. Funeral director

J. Harry Williamson

Address

Salisbury Md

19.

(Date rec'd by registrar)

5-16-48

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *May 12 1948* at *8:10* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1 1948 to *May 12 1948*and that I last saw her alive on *May 12 1948*

Immediate cause of death

Coronary Heart Failure

DURATION

Due to

*Arterio-sclerotic**Heart Disease*

Due to

Other conditions *Senile Psychosis*

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____

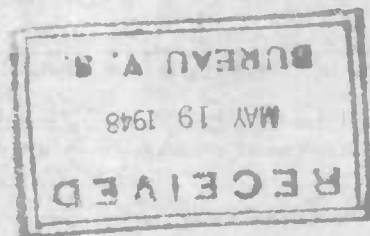
Injured at work? _____

23. SIGNATURE

L. R. Gleser M.D.

M. D. or other

Address *Salisbury Md* Date signed *7/14/48*



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05431

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long above place of death?
 Hospital, institution, or street address where death occurred
Linway (R.F.D. # 3)
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Linway R.F.D. # 3
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary Agnes Arvey

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Arthur Rustie Arvey
 7. Birth date of deceased (mo., day, yr.) Dec. 13, 1899 6. (c) If alive, give age 39 years
 8. AGE: Years 48 Months 5 Days 10 If less than one day
hrs. min.

9. Birthplace Bacon's Bluff, Md.
 (Town, county, and state)

10. Usual occupation House work

11. Industry or business at home

12. Name Albert Hill

13. Birthplace Sussex County, Del.

14. Maiden name Mary Wright

15. Birthplace Sussex County, Del.

16. Informant Arthur Rustie Arvey

Salisbury Md. Linway R.F.D. # 3

17. Burial, cremation, or removal Which? Burial Date thereof May 26, 1948
 (month) (day) (year)

Cemetery or crematory Bacon's Bluff

Location Salisbury Md.

18. Funeral director Hocumay & Co. Sp. Hillway

Address 570 E. Church St. Salisbury Md.

19. 6-12-6 19 48 Registrar Carrie L. Johnson

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 19 48 at 8:40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. OK alive on May 23 19 48

Immediate cause of death Hyperthyroidism (Toxic) DURATION

Due to

Due to

Other conditions Hyperthyroidism Cerebral hemorrhage 19 46

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Philip A. Lewis M. D. or other

Address Salisbury Md. Date signed 5/27/48

RECEIVED

JUN 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 379

1. PLACE OF DEATH:

County County of Wicomico
 City or town Salisbury, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 months
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? Wright Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town St. Michaels
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war. _____

3. (a) FULL NAME

Patrick Henry Bloodworth

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 81 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace St. Michaels, Maryland
 (Town, county, and state)

10. Usual occupation store clerk

11. Industry or business

12. Name Jesse Bloodworth

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. Informant D. H. LeCompte

Address St. Michaels

17. (Burial, cremation, or removal. Which?) Burial Date thereof 5-18-48
 (month) (day) (year)

Cemetery or crematory St. Michaels

Location Oliver Cemetery, Salisbury, Md.

18. Funeral director Norman D. Marshall

Address St. Michaels, Md.

19. 5-17-48 Registrar James E. Johnson

(Date recd. by Registrar) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15 19 48 at _____ M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-1 19 48, to 5-15 19 48

and that I last saw him alive on 5-12-48 19 _____

Immediate cause of death Cardiovascular renal disease

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

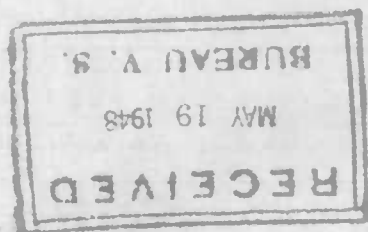
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Paul A. Jones M.D. or other _____

Address Salisbury, Md. Date signed 5/17/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

3 days 10 hrs 07 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Bozman, Seward Filmore

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Fannie Mae Bozman

7. Birth date of

deceased (mo., day, yr.)

Sept. 20 - 19206. (c) If alive, give age 20 years

8. AGE:

Years

Months

Days

If less than one day

27723

hrs.

min.

9. Birthplace

Salisbury Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, which?)

18. Cemetery or crematory

Location

19. (Date rec'd by registrar)

20. Registrar

21. Address

22. Date signed

23. Signature

24. Date signed

25. Address

26. Date signed

27. Address

28. Date signed

29. Address

30. Date signed

31. Address

32. Date signed

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 19 48 at 11 42 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

May 10 19 48 to May 13 19 48and that I last saw him alive on May 13 19 48

Immediate cause of death

UremiaDue to NephrosclerosisDue to Malignant HypertensionOther conditions Severe secondary anemia

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? _____

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Seward Filmore BozmanAddress Salisbury Md.Date signed May 13, 194824. SIGNATURE Barrett L. JohnsonAddress Salisbury Md.Date signed May 13, 194825. SIGNATURE Barrett L. JohnsonAddress Salisbury Md.Date signed May 13, 194826. SIGNATURE Barrett L. JohnsonAddress Salisbury Md.Date signed May 13, 1948

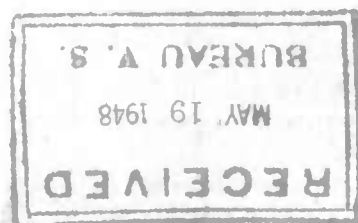
MARGIN RESERVED FOR BINDING

I

9-45-15

VS-A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05434

Reg. Dist. No. 933

1. PLACE OF DEATH:

County... WicomicoCity or town... Quantico
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County WicomicoCity or town Quantico
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Will William Conway

3. (b) Social Security Number

4. Sex

m

5. Color or race

col.

6.(a) Single, married, widowed, or divorced

married6.(b) Name of husband or wife Stella Conway7. Birth date of deceased (mo., day, yr.) Feb. 10 - 18916.(c) If alive, give age 58 years8. AGE: Years 57 Months 2 Days 25 If less than one day
.....hrs.min.9. Birthplace White Haven, Wicomico
(Town, county, and state) md.10. Usual occupation Laborer

11. Industry or business

12. Name William Conway13. Birthplace White Haven, Md.14. Maiden name Sally Mitchell15. Birthplace White Haven, Md.16. Informant Flourance DennisAddress Traskin, Md.17. Burial Date thereof 5/9/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Head of Creek Cem.Location Traskin, Md.18. Funeral director E. S. MessickAddress Beulah, Md.19. 5/9 19 48 Therese E. Johnson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 19 48 at 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

26 April 19 48 to 5 May 19 48and that I last saw an alive on 5 May 19 48Immediate cause of death Tuberculosis

DURATION

2 wks.Due to Carcinoma Large Intestine

Due to

Other conditions Benign Prostate Hypertrophy

(Include pregnancy within 8 months of death)

Major findings of operations Benign Prostate HypertrophyDate of op. March 48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

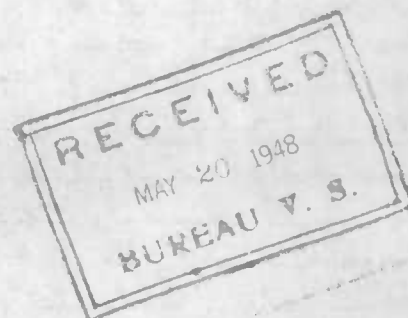
Means of injury

Injured at work?

23. SIGNATURE Richard H. Saunders M.D.

M. D. or other

Address Quantico Md. Date signed 7 May 48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico
 City or town Wetzelburg md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Wicomico
 City or town Wetzelburg md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Dennis P. Cook

3. (b) Social Security Number

no

4. Sex male 5. Color or race a.g. 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Laura C. Cook
 7. Birth date of deceased (mo., day, yr.) yes 6.(c) If alive, give age yes years
 8. AGE: Years about 75 Months 6 Days 18 If less than one day hrs. min.

9. Birthplace Sharptown
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Same as above

12. Name Stephen Cook

13. Birthplace Sharptown md

14. Maiden name Margaret Wright

15. Birthplace Wetzelburg md

16. Informant Laura Cook

Address Wetzelburg md

17. Burial Date thereof May 30 - 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Old Pillars

Location Wetzelburg md

18. Funeral director James Stewart

Address Salisbury md

19. 5-30-48 Registrar James Stewart
 (Date rec'd by registry)

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 May 19 48 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 May 19 48 to 28 May 19 48 and that I last saw him alive on 28 May 19 48

Immediate cause of death Gastric Hemorrhage

Due to Carcinoma of Stomach

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide

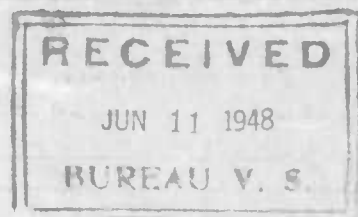
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE James Stewart M. D. or other

Address Salisbury Date signed 29 May 48

1948
75
1873



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 31 yrs
 Hospital, institution, or street address where death occurred:
Quantic Rd.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Wicomico
 City or town Salisbury Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Quantic Rd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Paul Jackson Culver

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Corrie E. Culver
 6. (c) If alive, give age 56 years
 7. Birth date of deceased (mo., day, yr.) December 1, 1891
 8. AGE: Years 56 Months 5 Days 27 (Less than one day) hrs. min.

9. Birthplace Salisbury, Wicomico, Md
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Stanford Clayton Culver13. Birthplace Salisbury, Md14. Maiden name Unknown

15. Birthplace

16. Informant Paul C. CulverAddress Salisbury, Md17. Burial Date thereof 5/31/48
(Burial, cremation, or removal of body?) (month) (day) (year)Cemetery or crematory St. JamesLocation Salisbury, Md18. Funeral director The Hill & Johnson CoAddress Salisbury, Md.19. 5/31/48 Registrar Donald E. Johnson
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1948 at 11 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from at birth to May 28 1948and that I last saw him alive on May 10 1948Immediate cause of death Valvular Heart Disease DURATION 10 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John R. Mason M. D. or other 5/30/48Address Salisbury Md Date signed

RECEIVED

JUN 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico
 City or town Tyaskin
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred:
no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
 City or town Tyaskin
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Estella Dashields

3. (b) Social Security Number

no

4. Sex Female 5. Color or race aa 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Henry J. Dashields
 6.(c) if alive, give age Don't know years
 7. Birth date of deceased (mo., day, yr.) about 1873
 8. AGE: Years 75 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Tyaskin, Wicomico Co., Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Same as above

12. Name William Handy

13. Birthplace Tyaskin, Maryland

14. Maiden name Frances Dashields

15. Birthplace Tyaskin, Md.

16. Informant Mr. Henry Dashields

Address Tyaskin, Maryland

17. Burial Date thereof 5-23-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Tyaskin

Location Tyaskin, Maryland

18. Funeral director James F. Stewart

Address 402 E. Church St. Salisbury Md.

19. 6/23, 1948 Registrar W. H. Saunders

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 May 1948 at 6:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 20 April 1948 to 19 May 1948

and that I last saw her alive on 19 May 1948

Immediate cause of death Cerebral thrombosis DURATION 10 days

Due to Arteriosclerotic Hypertensive 10 years

Due to Coronary vascular renal disease

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work? _____

23. SIGNATURE W. H. Saunders M. D. or other _____

Address Wicomico Md. Date signed 21 May 48

RECEIVED

JUN 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Grange

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

05438

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: County <u>Salisbury</u> City or town <u>Salisbury</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution or street address where death occurred <u>Hotel Top Nursing Home</u> <u>Delmar Road</u> How long in hospital or institution?			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Md</u> County <u>McComie</u> City or town <u>Salisbury</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>400 Baker St.</u> (If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME <u>Benech Estelle Dennis</u>			3. (b) Social Security Number		
4. Sex <u>female</u> 5. Color or race <u>White</u> 6. (a) Single, married, widowed, or divorced <u>Widow</u> 6. (b) Name of husband or wife <u>James Radcliffe Dennis</u> 6. (c) If alive, give age <u>Dead</u> years 7. Birth date of deceased (mo., day, yr.) <u>Jan. 2 - 1894</u> 8. AGE: Years <u>54</u> Months <u>4</u> Days <u>7</u> If less than one day hrs. min. 9. Birthplace <u>Summit Md.</u> (Town, county, and state) 10. Usual occupation <u>shirt factory operator</u> 11. Industry or business MOTHER 12. Name <u>George McKee</u> 13. Birthplace <u>Summit Md.</u> 14. Maiden name <u>Margaret Bayler</u> 15. Birthplace <u>Summit Md.</u> 16. Informant <u>Miss Kathleen Dennis</u> Address <u>400 - Baker St. Salisbury Md.</u> 17. Burial, cremation, or removal (Which?) <u>Buried</u> Date thereof <u>May 14 - 48</u> (month) (day) (year) Cemetery or crematory <u>Parson's Cem.</u> Location <u>Salisbury Md.</u> 18. Funeral director <u>Hollmeyer, Walter K. Hollmeyer</u> Address <u>Salisbury Md.</u> 19. Date of death <u>5-11-48</u> 19 <u>48</u>			MEDICAL CERTIFICATION 20. DATE OF DEATH <u>May 11</u> 19 <u>48</u> at <u>9:30p</u> M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>April 10</u> 19 <u>48</u> to <u>5/11/48</u> 19 <u>48</u> and that I last saw him/her alive on <u>5/11/48</u> 19 <u>48</u> Immediate cause of death <u>Congestive Heart Failure</u> Due to <u>arterio-sclerotic heart disease & Hypertension</u> Due to Other conditions <u>Diabetes Mellitus</u> (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE <u>Frederic C. Grange M.D.</u> M. D. or other Address <u>Salisbury Md.</u> Date signed <u>5/11/48</u>		

 19. 5-11-48 19 48
 (Date rec'd by registrar)

Registrar

Address

RECEIVED

MAY 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 993

1. PLACE OF DEATH

County WicomicoCity or town Eden
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
R.D. #1

How long in hospital or institution?

3. (a) FULL NAME

James Henry Dryden Jr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed or divorced

—

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Nov. 5-1940

8. AGE:

Years

Months

Days

If less than one day

7528

hrs.

min.

9. Birthplace

Baltimore Md.
(Town, county, and state)

10. Usual occupation

School Boy

11. Industry or business

FATHER

12. Name

James Henry Dryden

MOTHER

13. Birthplace

Commert G. Md.

14. Maiden name

Mary Kenealy

15. Birthplace

Boston Mass.

16. Informant

Mr. James Henry Dryden

Address

R.D. #1, Eden Md.

17. (Burial, cremation, or removal, Which?)

Date thereof

Burial May 6-48
(month) (day) (year)

Cemetery or crematory

Wicomico Mem. Park

Location

Salisbury Md.

18. Funeral director

Hollings & G. Walter R. Hollings

Address

Salisbury Md.

19. (Date rec'd by Registrar)

5/6/48 19. 48 Registrar Edward J. ...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Wicomico

City or town

Eden
(If outside city or town limits, write RURAL and give nearest town)

Street No.

R.D. #1
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 3-4819. 48at 4:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Medical Examination Certificate
and that I last saw him on May 3-48 19. 48

Immediate cause of death

Fracture of Skull

DURATION

sudden

Due to

Struck by automobile

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident

Date of

5/3/48

Where did injury occur

Four Corners, Wicomico Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Highway

Means of injury

Struck by automobile Injured at work? no.

23. SIGNATURE

Edward J. ...

Address

Salisbury Md. Date signed 5/4/48



D. Rademaker

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1700

05440

CERTIFICATE OF DEATH

Reg. Dist. No. 323

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. Route #3
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Eunice, Fred

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Francis J. Eunice

7. Birth date of

deceased (mo., day, yr.)

Aug. 29 - 1886

6. (c) If alive, give age

Dead years

8. AGE:

Years

Months

Days

If less than one day

61828

hrs.

min.

9. Birthplace

Hamden Conn.

(City, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Fred Eunice

13. Birthplace

Conn.

14. Maiden name

No. Record

15. Birthplace

MOTHER

16. Informant

Address

17. Burial, cremation, or removal. Which?

Date thereof

(month) (day) (year)

Cemetery or crematorium

Location

Funeral director

Address

18. (Date rec'd by registrar)

19. (Date signed by registrar)

20. (Date signed by registrar)

21. (Date signed by registrar)

22. (Date signed by registrar)

23. (Date signed by registrar)

24. (Date signed by registrar)

25. (Date signed by registrar)

26. (Date signed by registrar)

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90. (Date signed by registrar)

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94. (Date signed by registrar)

95. (Date signed by registrar)

96. (Date signed by registrar)

97. (Date signed by registrar)

98. (Date signed by registrar)

99. (Date signed by registrar)

100. (Date signed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1948 at 4 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical and that I last saw him alive on May 1st 1948

Immediate cause of death

ascending degenerative spinal cordDue to Fracture dislocationDue to 5th Cervical vertebra

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 4/25/48Where did injury occur? Public Wicomico MD
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) PublicMeans of injury truck struck Injured at work? no

23. SIGNATURE

D. Rademaker MD

M. D. or other

Address Salisbury Date signed 5/1/48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 939

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1888-1948
 Hospital, institution, or street address where death occurred:
703 North Division St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 703 North Division St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Lydia Hall Grier
 4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Robert H. Grier
deceased 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Aug 25, 1858
 8. AGE: Years 89 Months 8 Days 2 If less than one day _____ hrs. _____ min.
 9. Birthplace Wilmington, Delaware
 (Town, county, and state)
 10. Usual occupation housewife

11. Industry or business

12. Name Alfred Kennedy Hall
 13. Birthplace Ocean View, Del.
 14. Maiden name Allice Mustard
 15. Birthplace Coal Spring, Del.

16. Informant Ralph H. Grier
 Address Salisbury, Md.

17. Burial Date there of May 29, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Parson
Salisbury
 Location The Hill & Plunkett Co.

18. Funeral director Salisbury, Md.
 Address

19. 6-29-48 19 48 Registrar Barrett L. Johnson
 (Date rec'd by registrar)

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27-48 19 _____ at _____ M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19 44 to May 27 19 48
 and that I last saw her alive on May 27 19 48

Immediate cause of death _____ DURATION _____
Cardio-vascular renal disease
 Due to _____
 Due to _____
 Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE Phiz's A. Fisher M.D. or other _____
 Address Salisbury, Md. Date signed 5-28-48

RECEIVED

JUN 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

05442

CERTIFICATE OF DEATH

Reg. Dist. No. 11 336

1. PLACE OF DEATH

County McComieCity or town Delmar
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 weekHospital, institution or street address where death occurred: 607, Chestnut St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County McComieCity or town Delmar
(If outside city or town limits, write RURAL and give nearest town)Street No. P.O. # 2
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

James Henry Handy

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed or divorced

Widowed

6. (b) Name of husband or wife

Cornelia Handy

7. Birth date of deceased (mo., day, yr.)

Dec. 15-1860

6. (c) If alive, give age

Dead

8. AGE:

Years 87 Months 5 Days 11 hrs. min.

9. Birthplace

P.O. Seaford Delaware
(If not, county, and state)

10. Usual occupation

Retired

11. Industry or business

Farmer

FATHER

12. Name

John E. Handy

13. Birthplace

Seaford, Del.

MOTHER

14. Maiden name

Elizabeth Hurley

15. Birthplace

Seaford, Del.

16. Informant

M. Crean H. Handy

Address

P.O. # 2, Delmar Md.

17. Burial

Buried

Date thereof

May 28-48
(month) (day) (year)

Cemetery or crematory

Parsons Cemetery

Location

Salisbury Md.

18. Funeral director

Holloway & G. Keller & Holloway

Address

Salisbury Md.

Date rec'd by registrar

May 26, 1948

Registrar

Harry E. Hudson

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26th 1948 at 6:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 19th 1948 to May 26th 1948and that I last saw him alive on May 26th 1948Immediate cause of death cardiac failurewith edema of lungs

DURATION

12 hours

Due to

fatal infection

Due to

chronic infection

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

J. H. Hudson

M. D. or other

Address Delmar Del Date signed 5/28/48

RECEIVED

MAY 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 933

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For non-human infants give residence of mother)

State MD County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 198 Pennsylvania Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st 1998 at 11:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on May 20 1998

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

23. SIGNATURE

Address

Injured at work?

M. D. or other

Date signed 5/23/98

RECEIVED

JUN 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 939

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hospital

How long in hospital or institution? 1 day 9 hrs. 40 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street No. Jersey Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war World War I

3. (a) FULL NAME

Hooker, John

3. (b) Social Security Number

Not known

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife Not known

7. Birth date of deceased (mo., day, yr.) about 1888 6.(c) If alive, give age no years

8. AGE: Years about 60 Months - Days - If less than one day hrs. min.

9. Birthplace unknown
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Same as above

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. Informant Peninsula Gen. Hospital

Address Salisbury Md

17. Burial Date thereof May 7-1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Public

Location Salisbury Md.

18. Funeral director James H. Stewart

Address Salisbury Md

19. 6/7 19 48 Registrar John

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6/48 19 48 at 12 10 M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from May 4 19 48 to May 5 19 48 and that I last saw him alive on May 5 19 48

Immediate cause of death Myocardial Insufficiency DURATION 2 months

Due to Anterior chronic heart disease

Other conditions Syphilis, Latent Unknown

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results — PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE David J. Gilmore, D.O. M.D. or other —
Address Salisbury Md. Date signed May 6, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 504 E. William St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Harry James Housel

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife

Mary Telghman7. Birth date of deceased (mo., day, yr.) Aug 1 18896. (c) If alive, give age 55 years8. AGE: Years 58 Months 9 Days 6 If less than one day9. Birthplace Trumbull, N.Y.
(Town, county, and state)10. Usual occupation Salesman

11. Industry or business

12. Name Joseph Housel13. Birthplace Trumbull14. Maiden name Unknown

15. Birthplace

16. Informant Mrs. Harry J. HouselAddress Salisbury, Md.17. Burial Date thereof 5/9/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Memorial ParkLocation Salisbury, Md.18. Funeral director The Bell & Johnson CoAddress Salisbury, Md.19. 5-19 19 48 Barrett J. Johnson Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 19 48 at 11:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 40 to May 7 19 48and that I last saw him alive on May 7 19 48

Immediate cause of death

DURATION

Cerebral Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Barrett J. Johnson

M.D. or other

Address Salisbury, Md. Date signed 5-10-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
age shown on:

HUM No. G 116 JUN 15 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a

05446

Reg. Dist. No. 333

1. PLACE OF DEATH:

County... Wicomico

City or town... Bivalve, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Wicomico

City or town... Bivalve
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Margaret Katharine Garrett

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife... Thomas A. Garrett

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1871

6. (c) If alive, give age... dead years

8. AGE:

Years

Months

Days

If less than one day

76 77 5 1 hrs. min.

9. Birthplace... Bivalve, Wicomico, Md.
(Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business

MOTHER FATHER

12. Name

Jacob Lammore

13. Birthplace

Bivalve, Md.

14. Maiden name

Charity Short

15. Birthplace

Bivalve, Md.

16. Informant

Mary Fields

Address

Bivalve, Md.

17.

Burial

Date thereof... 5/27/48

(Burial, cremation, or removal. Which?)

Cemetery or crematory... Bivalve Church Cem.

Location

Bivalve, Md.

18. Funeral director

Holloway + G. Walter R. Holloway

Address

Salisbury Maryland

19.

6/10/48

(Date read by registrar)

1948

Garrett

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... May 25 19 48, at 4:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

23 May 19 48 to 25 May 19 48

and that I last saw him alive on 25 May 19 48

Immediate cause of death

Cerebral Hemorrhage

DURATION

2 days

Due to... Anterior subarachnoid, Cerebral -

arteriosclerotic, Basal, Disease

Due to... arteriosclerotic, Basal, Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Richard H. Saunders

M. D. or other

Address... Baltimore, Md. Date signed... 5 May 48

RECEIVED

JUN 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 335

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME

4. Sex

F.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Widow6. (b) Name of husband or wife William Lewis Jenkins7. Birth date of deceased (mo., day, yr.) March 31, 1861

6. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day

8718hrs.min.8. Birthplace Martins, Wicomico, Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name unknown

13. Birthplace

14. Maiden name Mary Elizabeth Centwell15. Birthplace Martins, Md.16. Informant William JenkinsAddress Bishop, Md.17. Burial Date thereof 5/11/48
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Wicomico Memorial ParkLocation Salisbury, Md.18. Funeral director Samuel H. MessickAddress Salisbury, Md.19. 5-11-48 19 48 Passie B. Johnson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1948 at 4:00 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8, 1948 to May 2, 1948 and that I last saw him alive on May 2, 1948Immediate cause of death Crown Thrombosis DURATION

Due to:

Due to:

Other conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

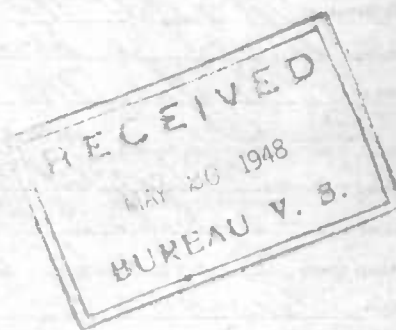
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William E. Messick M. D. or otherAddress Salisbury, Md. Date signed May 8-48

UNITED STATES DEPARTMENT OF HEALTH

ADMINISTRATIVE DIVISION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 8 days, 11 hrs.

3. (a) FULL NAME

Jones, Dennis

4. Sex

male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

1. Birth date of deceased (mo., day, yr.) Not Known 1899

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

49

hrs.

min.

9. Birthplace Wenton, Md.
(Town, county, and state)10. Usual occupation Labor

11. Industry or business

FATHER

12. Name

Handy Jones

13. Birthplace

Somerset County

MOTHER

14. Maiden name

Elizabeth Pollitt

15. Birthplace

Somerset County

16. Informant

Carrie Jones

Address

Princess Anne, Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

5-17-48

Cemetery or crematory

John Wesley

Location

Princess Anne, Md.

18. Funeral director

William H. James Jr.

Address

Princess Anne, Md.

19. 5-16-48

19. 48

(Date rec'd by registrar)

Barrett JohnsonSalisbury Md.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Pocomoke, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. 421 Clark Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

218-05-6252

MEDICAL CERTIFICATION

2D. DATE OF DEATH 5/12 19 48 at 5:48 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/3 19 48 to 5/12 19 48and that I last saw him alive on 5/11 19 48

Immediate cause of death

Valvular Heart DiseaseParoxysmal Murmur / Heart9 days

DURATION

Due to

Due to

Other condition Cardio-Vas-Neurotic

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

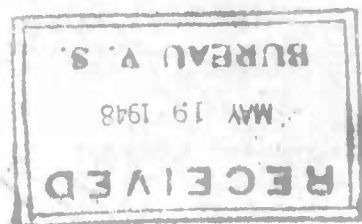
Means of injury

Injured at work?

23. SIGNATURE John R. Mann

M. D. or other

Address Salisbury Md.Date signed 5/12/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

05449

93d

1. PLACE OF DEATH:

County Thames co.City or town Salisbury md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? app 1 WK

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Thames coCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary W. Lawes

3. (b) Social Security Number

4. Sex Female 5. Color or race cal 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 18 588. AGE: Years 90 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace White Haven md
(Town, county, and state)10. Usual occupation Domestic11. Industry or business none12. Name Joseph B. Wilcox13. Birthplace White Haven md14. Maiden name Frances Gates15. Birthplace White Haven md16. Informant Mrs. Della PetersAddress Salisbury md17. Burial (Burial, cremation, or removal, which?) Buried Date thereof May 9 1948
(month) (day) (year)Cemetery or crematory Winston CemLocation Salisbury md18. Funeral director Dorrie M. HeadAddress Salisbury md19. 67/9 481 Barrett L. Johnson Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 19 48 at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3-1 19 48 to 5-6 19 48and that I last saw her alive on 5-6 19 48Immediate cause of death ArterioscleroticHeart Disease

DURATION

6 moDue to ArteriosclerosisIndef.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE E. A. Turnell

M. D. or other

Address 600 W. Main St.Date signed 5-7-48

MARGIN RESERVED FOR BINDING

9.45.15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County DuPontCity or town Salisbury
(if outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County SussexCity or town Seaford
(if outside city or town limits, write RURAL and give nearest town)Street No. 407 Market St.
(if rural, give LOCATION) ✓

2.(a) If veteran, name war

3. (a) FULL NAME

Lesley, Mrs. Ludie (LUDIE M. LESSLEY)

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife LEONARD F. LESSLEY

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

SEPT. 29, 1872

8. AGE:

Years

Months

Days

If less than one day

75713

hrs.

min.

9. Birthplace

SEAFORD, SUSSEX, DELAWARE
(Town, county, and state)

10. Usual occupation

HOUSEWIFE

11. Industry or business

OWN HOME

FATHER

12. Name

JOHN COULBOURN

13. Birthplace

SEAFORD, DELAWARE

MOTHER

14. Maiden name

ELLA ELIS

15. Birthplace

SEAFORD, DELAWARE

16. Informant

LINA BOWEN

Address

SEAFORD, DELAWARE

17. BURIAL

(Burial, cremation, or removal. Which?)

Date thereof MAY 24, 1948
(month) (day) (year)Cemetery or crematory ODD FELLOWS CEMETERY

Location

SEAFORD, DELAWARE

18. Funeral director

MEDFORD L. WATSON JR.

Address

SEAFORD DELAWARE

19.

67/22, 1948
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 19 48 at 6:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 13 19 48 to May 21 19 48
and that I last saw him alive on May 21 19 48

Immediate cause of death

Myocardial Insufficiency

Due to

Anterior Myocardial Infarction

Due to

Heart Disease

Due to

Coronary Artery Disease

Other condition

Arteriosclerosis

Other condition

Pleural Effusion

Other condition

Septic Thrombosis
(Include pregnancy within 3 months of death)

DURATION

18 months18 months18 months18 months18 months18 months18 months18 months

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED

JUN 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WorcesterCity or town Delisburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hosp.How long in hospital or institution? 42 days 15 hrs 10 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Berlin
(If outside city or town limits, write RURAL and give nearest town)Street No. R.R. #2
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lynch, Mr. Daniel

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Mrs. Grey M. Lynch6. (c) If alive, give age 80 years7. Birth date of deceased (mo., day, yr.) Sept. 26, 18638. AGE: Years 84 Months 7 Days 24 It less than one day hrs. min.9. Birthplace Berlin Wor. Co. Md RFD
(Town, county, and state)10. Usual occupation Farmer.

11. Industry or business

12. Name William T. Lynch13. Birthplace Md.14. Maiden name Emeline Parsons.15. Birthplace Md.16. Informant Mrs. John Lynch.Address Ocean City Md.17. Burial Date thereof 5/28/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory EvergreenLocation Berlin Md18. Funeral director Anna A. BenbowAddress Berlin Md19. 6-1-48 19 48 Harriet L. Johnson Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 19 48 at 1:12 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 19 48 to May 20 19 48and that I last saw h. alive on May 20 19 48Immediate cause of death Cardiovascular renalDue to diseaseMajor findings of operations Chronic cardiovascularOther conditions prostate

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Philip A. LynchAddress Berlin MdDate signed 5-20-48

RECEIVED

JUN 11 1948

BUREAU V. S.

PLEASE WRITE FAINTLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05452

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wilcomile
 City or town Salisbury, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? About 24 years
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Wilcomile
 City or town Salisbury, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 500 New Tachella
 (If rural, give LOCATION) no
 2.(a) If veteran, name war no

3.(a) FULL NAME

Matthews, Herbert

3.(b) Social Security Number

218-05-8443

4. Sex

male

5. Color or race

a.a.

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Myrtle Matthews
yes

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

June 30, 1918

8. AGE:

Years

Months

Days

If less than one day

291017

hrs.

min.

9. Birthplace

Palomoke, Md.
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Same as above

12. Name

Charles E. Curry

13. Birthplace

Palomoke, Md.

14. Maiden name

Francis Matthews

15. Birthplace

Palomoke, Md.

16. Informant

Mrs. Gillian Jones

Address

Salisbury, Md.

17. Burial

Burial

Date thereof

May 19, 1948
(month) (day) (year)

Cemetery or crematory

Halls Hill

Location

Palomoke, Md.

18. Funeral director

James F. Stewart

Address

Salisbury, Md.

19.

5/19/48
(Date read by registrar)

19.

48Barriett
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

5/171948at 8:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Coronary occlusion

DURATION

sudden death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. RodenbaughM.D.

Address

Salisbury, Md.

Date signed

5/17/48

1918-8161
11-9-17

ae-9-17

1948-8161

47

RECEIVED
JUN 1 1948
BUREAU V. S.

18-17

ae-9-8161

1948-8161

11-9-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County McComickCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

45 day, 13 hrs. + 5 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County McComickCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 418 Smith St.

(If rural, give LOCATION)

(a) If veteran, name war

3. (a) FULL NAME

John W. Matthews

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary Matthews

7. Birth date of

deceased (mo., day, yr.)

April 3-1891

8. AGE:

Years

Months

Days

If less than one day

57125

hrs.

min.

9. Birthplace

Crisfield Md.
Painter

10. Usual occupation

Home Painting

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

Date thereat

18. Cemetery or crematorium

Location

19. Funeral director

Address

20. Date received by registrar

21. Registrar

MEDICAL CERTIFICATION

22. DATE OF DEATH

May 28 1948 at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 1946 to May 28 1948and that I last saw h. in alive on December 28 1948

Immediate cause of death

Cerebrum of Bladder

DURATION

18 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Ce. 7 bladder
multiple (Univ. Hospital) Date of op. 1947

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed May 29, 1948

RECEIVED

JUN 11 1948

BUREAU V. S.

Dr. Saunders

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05454

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County NeocomieCity or town Birch
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County NeocomieCity or town Birch
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

C. Glenn Russell

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Ann Turner Russell

7. Birth date of deceased (mo., day, yr.)

Sept. 25 - 1897

8. (c) If alive, give age _____ years

8. AGE:

50

Years

Months

Days

If less than one day

28

hrs.

min.

9. Birthplace

Birch Maryland
(Town, county, and state)

10. Usual occupation

Funeral Director

11. Industry or business

FATHER

12. Name

Corwin B. Russell

13. Birthplace

Birch Maryland

MOTHER

14. Maiden name

Hattie

15. Birthplace

Birch Maryland

16. Informant

Mr. Ann Turner Russell

Address

Birch Md.

17.

(Burial, cremation or removal, Which?)

Date thereof

May 19-48

Cemetery or crematory

St. Marys Episcopal Cn.

Location

Yorkton Maryland

18.

Funeral director

Hollings & Co. Walter R. Hollings

Address

Salisbury Maryland

19.

(Date rec'd by registrar)

6-7-48

20.

6-7-48

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948 at 108p M

I CERTIFY that death occurred on the date above stated; that I attended deceased from

25 April 1947 to 17 May 1948and that I last saw the alive on 17 May 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

7 daysDue to Hypertensive Arteriosclerosis 6 yrs.Due to cardio-muscular renal diseaseOther conditions Coronary Occlusion6 wks.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE

Dr. H. Saunders MD

M. D. or other

Address Acetate Md. Date signed May 48.

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH *830a*Reg. Dist. No. *335*

1. PLACE OF DEATH:

County *Wicomico*
 City or town *Mardela*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *6 mo*
 Hospital, institution, or street address where death occurred:
Main St
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State *MD* County *Wicomico*
 City or town *Mardela*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *Main St.*
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Ella Letitia Mitchell

3. (b) Social Security Number

4. Sex *F* 5. Color or race *W* 6. (a) Single, married, widowed, or divorced *widowed*6. (b) Name of husband or wife *Francis M. Mitchell*7. Birth date of deceased (mo., day, yr.) *Sept 14, 1870* 6. (c) If alive, give age _____ years8. AGE: Years *77* Months *6* Days *6* If less than one day _____ hrs. _____ min.9. Birthplace *Mardela, Wicomico, MD*
(Town, county, and state)10. Usual occupation *Housewife*

11. Industry or business

12. Name *Samuel R. Windsor*13. Birthplace *Mardela, MD*14. Maiden name *Elizabeth Bailey*15. Birthplace *Columbia, Delaware*16. Informant *Mrs. Betty Windsor*Address *Mardela, MD*17. *Buried* Date thereof *5/21/48*
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory *Harsons*Location *Salisbury*18. Funeral director *The Will & Johnson Co*Address *Salisbury, MD*19. *5-21-48* 19. *48* Registrar *W. J. Johnson*
(Date read by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH *May 19-1948* at *7-9* A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *April, 1948* to *May 19, 1948* and that I last saw him alive on *May 18, 1948*Immediate cause of death *Exhaustion*Due to *Cerebral hemorrhage*

Due to

Other conditions *Slight pneumonia as first illness*

(Include pregnancy within months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE *W. J. Johnson* M. D. or otherAddress *Mardela, MD* Date signed *May 21, 48*

PLEASE WRITE IN INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05455

RECEIVED

JUN 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

05456

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WisconsinCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 26 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution? Jersey Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WisconsinCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. Jersey Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

James P. Mutter

3. (b) Social Security Number

4. Sex Male 5. Color or race color 6. (a) Single, married, widowed, or divorced Divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 8, 1884 8. (c) If alive, give age ✓ years8. AGE: Year 64 Months 2 Day 2 If less than one day hrs. min.9. Birthplace Nanticoke, Wisconsin co, md
(Town, county, and state)10. Usual occupation Coak

11. Industry or business

12. Name Williams Mutter13. Birthplace Wisconsin co, md14. Maiden name Henretta Barkley15. Birthplace Wisconsin co, md16. Informant Robert MutterAddress Nanticoke, Maryland17. Burial Date thereof 6-13-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Nanticoke CemeteryLocation Nanticoke, md18. Funeral director Wilson Funeral HomeAddress Princess Anne, md.19. 5-13-48 Barrie J. Johnson Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1948, at 4 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1948 to May 10 1948and that I last saw him alive on May 10 1948Immediate cause of death ApoplexyDURATION 2 weeksDue to Renal Hypertension Ind

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

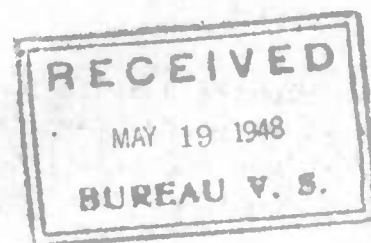
23. SIGNATURE J. P. Mutter M. D. or otherAddress 800 W. Main Date signed 5-11-48

MARGIN RESERVED FOR BINDING

VS A15

9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 339

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury Route #2 Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 days and 1 hour
 Hospital, institution, or street address where death occurred:
Peninsula General Hospital
 How long in hospital or institution? 2 days and 1 hour

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
 City or town Salisbury Route #3
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION)
 2(a) If veteran, name war no

3. (a) FULL NAME

Pennewell, Thomas

3. (b) Social Security Number

4. Sex

Male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Pennewell, Dorothy

7. Birth date of deceased (mo., day, yr.)

ages 6 mo 4 wks
 6. (c) If alive, give age about 1905 years

8. AGE:

Years

Months

Days

If less than one day

43——

hrs.

min.

9. Birthplace

Berlin md

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Same as above

12. Name

William Whaley

13. Birthplace

Berlin md

14. Maiden name

Elizabeth Pennewell

15. Birthplace

Berlin md

16. Informant

Annette Pullitt

Address

Salem N.J.

17. (Burial, cremation, or removal. Which?)

BurialDate thereof May 28-1948

Cemetery or crematory

Evergreen

Location

Berlin md

18. Funeral director

James H. Stewart

Address

Salisbury md

19. (Date rec'd by registrar)

5-28-48

19. (Date rec'd by registrar)

48Registrar

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 / 24 1948, at 6:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him live on 5/24/48 certified 1948

Immediate cause of death

Fractured skull
Brain injury

DURATION

2 days
2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 5/22/48Where did injury occur? Salisbury Wicomico md
 (City or town) (County) (State)Injured at home, farm, industry, public place (where?) HighwayMeans of Injury Recreation street Injured at work? No

23. SIGNATURE

Dr. R. L. Stewart md
Salisbury md 5/24/48
 Address Date signed

M. D. or other

RECEIVED

JUN 11 1948

BUREAU V. S.

RECEIVED

JUN 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

05459

CERTIFICATE OF DEATH

Reg. Dist. No. 393

1. PLACE OF DEATH:

County Wilkes
City or town Lyaskin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 28 yrs
Hospital, institution, or street address where death occurred:
New Lyaskin
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State WV County Wilkes
City or town Lyaskin
(If outside city or town limits, write RURAL and give nearest town)
Street No. New Lyaskin Rural
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Ida Alice Powell

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife George F. Powell

7. Birth date of deceased (mo., day, yr.) August 1, 1868 6.(c) If alive, give age _____ years

8. AGE: Years 79 Months 9 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Lyaskin, Wilkes, Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Lyaskin Dickinson

13. Birthplace Lyaskin, Md

14. Maiden name Rhylie Insley

15. Birthplace Lyaskin, Md

16. Informant Edgar Powell

Address Lyaskin, Md

17. Buried Date thereof 5/24/48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematorium Parsons

Location Sabstury, Md

18. Funeral director The Bell Johnson Co

Address Sabstury, Md

19. 5/24/48 19 48 Registrar Barriett L. Johnson

(Date rec'd by registrar) (month) (day) (year)

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 May 19 48 at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 April 19 47 to 21 May 19 48 and that I last saw him alive on 21 May 19 48.

Immediate cause of death Cerebral Hemorrhage DURATION 24 hrs.

Due to Arterio-sclerotic Cerebro-vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings and operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Barriett L. Johnson M. D. or other

Address Route 100, W.V. Date signed 23 May 48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN '3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 393

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 yrs
 Hospital, institution or street address where death occurred:
John B. Parsons Home
 How long in hospital or institution? 9 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. John B. Parsons Home
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Miss Margaret T. Rider

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) NOV 6, 1866 6.(c) If alive, give age _____ years

8. AGE: Years 81 Months 6 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Deal Island, Md
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Wash Rider13. Birthplace Cecil County14. Maiden name Amanda Taylor15. Birthplace Cecil County16. Informant Mrs. Eubule ByrdAddress Salisbury, Md.

17. Burial Date thereof 8/19/48
 (Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory ParsonsLocation Salisbury, Md.18. Funeral director The Bell & Johnson CoAddress Salisbury, Md.

19. 8-19-48 Date rec'd by registrar
John B. Parsons Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17/48 12:45 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19, 48 to May 19, 48

and that I last saw him alive on May 19, 48

Immediate cause of death Cancer of Stomach DURATION 6 mos

Due to Stomach 6 mos

Due to Stomach 6 mos

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John B. Parsons M. D. or other

Address Salisbury, Md. Date signed 5/17/48

RECEIVED

JUN 1 1948

BUREAU V. R.

Dr. Yeaman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

920

05461

Reg. Dist. No. 333

1. PLACE OF DEATH:

County McComickCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

100. Patterson Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County McComickCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 100 Patterson Ave

(If rural, give LOCATION)

2.(a) if veteran, name war

3. (a) FULL NAME

James Emil Robertson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 30-1932

6. (c) If alive, give age years

8. AGE: Years Months Days It less than one day

15 9 13 hrs. min.9. Birthplace Salisbury Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Emil Robertson13. Birthplace Mt Vernon Md.14. Maiden name Mary Zelle Johnson15. Birthplace R.D. 1 Prince Anne Md.16. Informant Mr. George Wm WilkinsonAddress 100 Patterson Ave. Salisbury Md.17. Buried Date thereof May 16-1948
(Burial, cremation, or removal, Which?) (Month) (day) (year)Cemetery or crematory Prince Anne C.Location Post Office R.D. Prince Anne18. Funeral director Hollings & G. Walter P. HollingsAddress Salisbury Md.19. 5/16 19 48 Walter P. Hollings
(Date rec'd by registrar) (Year) (Month) (Day) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13th 19 48 at 2.9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 12, 1945 to May 13, 1948
and that I last saw him alive on May 12, 1948

Immediate cause of death

Coronary Heart Failure
Chronic Valvular Disease
Coronary Enlargement

DURATION

Due to Rheumatic Fever

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, till in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injury at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE

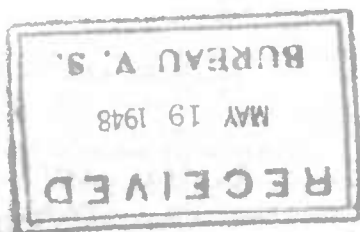
M. D. or other

Address 238 Camden Rd Date signed May 13, 1948
Salisbury Md.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05462

107

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

Home for Aged

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Wicomico

City or town Ocean City
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

CHARLES SCHLIMMEG

3. (b) Social Security Number

4. Sex

MALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

SINGLE

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

OCT 22, 1868

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

79

6

23

hrs.

min.

9. Birthplace

Denmark
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER
MOTHER

12. Name

unknown

13. Birthplace

Denmark

14. Maiden name

unknown

15. Birthplace

Denmark

16. Informant

Worcester County wife

Address

Super Hill MD

17.

(Burial, cremation, or removal, which?)

Date thereof

5/19/48
(month) (day) (year)

Cemetery or crematory

St. Pauls Ceme

Location

Berlin MD

18. Funeral director

Anna B. Burbon

Address

Berlin MD

19.

(Date read by registrar)

6-1/19, 48

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 15

19

48, at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8:00 AM 11 May 19 48 to 5:00 PM 11 May 19 48

and that I last saw him alive on

May 11

19

Immediate cause of death

Cerebral malaria

DURATION

Due to

Arteriosclerotic Heart Disease

Due to

Broncho

Other conditions

hypertension

RT. inguinal hernia

(Include pregnancy within 8 months of death)

Major findings of operations

none

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Joseph B. Gans, MD

Address

Wicomico Hosp. Salisbury MD

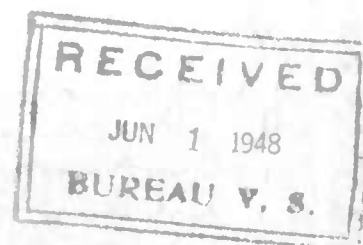
Date signed 15 May 48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

99

05463

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 1 day, 5 hrs., 30 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Snow Hill
(If outside city or town limits, write RURAL and give nearest town)Street No. Church St.
(If rural, give LOCATION) ✓

2.(a) If veteran, name war

3. (a) FULL NAME

Shockley Mrs. Eleanor M.

3. (b) Social Security Number

None4. Sex female5. Color or race white6.(a) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife Waldsborough Shockley7. Birth date of deceased (mo., day, yr.) Oct. 9 - 1891

6.(c) If alive, give age years

8. AGE: Years 96 Months 7 Days 8 If less than one day hrs. min.9. Birthplace Snow Hill, Worcester, Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business own home12. Name Charles D. Gimpford13. Birthplace Maryland14. Maiden name Eleanor Godfrey15. Birthplace Maryland16. Informant Wm. J. JohnsonAddress Snow Hill, Md.17. Burial (Burial, cremation, or removal. Which?) Date thereof May 19, 1981
(month) (day) (year)Cemetery or crematory Bates MethodistLocation Snow Hill, Md.18. Funeral director Wm. B. JohnsonAddress Snow Hill, Md.19. 6-1-1981 (Date rec'd by registrar) Registrar Wm. B. Johnson

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 19 48 at 3:15 M21. I CERTIFY the death occurred on the date above stated; that I attended deceased from 5/15 19 48 to 5/17 19 48and that I last saw him alive on 5/17 19 48Immediate cause of death Intestinal ObstructionDue to mesenteric Thrombosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ✓ Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. B. Johnson M. D. or otherAddress Salisbury Date signed 5/18/48

RECEIVED

JUN 1 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05464

Reg. Dist. No. 793

1. PLACE OF DEATH:

County Wicomico
City or town Salisbury Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

St. Ann's General Hospital
How long in hospital or institution? 31 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 219 Highland Ave
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Swanson Mrs. Della

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white M.

6. (b) Name of husband or wife Swanson Mr. Charles6. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) Feb. 8-18828. AGE: Years 66 Months 3 Days 20 If less than one day
hrs. min.9. Birthplace Philadelphia Pa.
(Town, county, and state)10. Usual occupation Home life

11. Industry or business

12. Name John Thiesing13. Birthplace Holland14. Maiden name Maria M. Ditty15. Birthplace Philadelphia Pa.16. Informant Mr. Charles Swanson
Address 319 Highland Ave. Salisbury Md.17. Burial Date thereof June 14-1948
(Burial, cremation, or removal? Which?) (month) (day) (year)Cemetery or crematorium McCombs Memorial ParkLocation Salisbury Md.18. Funeral director William G. Walter R. WilliamsAddress Salisbury Maryland19. 6-31-48 Registrar Harriet E. Johnson

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1948 at 3:25 PM21. I CERTIFY (that death occurred on the date above stated; that I attended deceased from April 27 1948 to May 28 1948 and that I last saw him/her alive on May 28 1948)Immediate cause of death Myocardial Insufficiency DURATION 1 yr.Due to Hypertensive Heart Disease Symptom 3 yrs.Due to Essential Hypertension 3 yrs.Other conditions Nephrosclerosis 1 yr.
Hepatic Insufficiency 6 mos.
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE David J. Gilmore M.D. M.D. or otherAddress Salisbury Md. Date signed May 28, 1948

RECEIVED

JUN 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General Hosp.
How long in hospital or institution? 26 days 5 hrs 20 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County NorchesterCity or town Pocomoke
(If outside city or town limits, write RURAL and give nearest town)Street No. General Delivery
(If rural, give LOCATION)2.(a) If veteran, name war ✓

3. (a) FULL NAME

Taylor, Mr. Lee

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Mrs. Lillie Taylor6. (c) If alive, give age 51 years7. Birth date of deceased (mo., day, yr.) June 16 - 18898. AGE: Years 58 Months 11 Days 5 If less than one day hrs. min.9. Birthplace Gilford, Accomack Co. Va.
(Town, county, and state)10. Usual occupation Fruit Dealer

11. Industry or business

12. Name Asbury Taylor13. Birthplace Va.14. Maiden name Pauline Kellman15. Birthplace Va.16. Informant Mr. Lee TaylorAddress Pocomoke Md.17. Burial Date thereof May 24, 1948
(Burial, cremation, or removal. Which?) (month, day, year)Cemetery or crematory Graveside CemeteryLocation Graveside Va.18. Funeral director Henry A. DavidsonAddress Pocomoke Md.19. 6-24-1948 Harriet H. Jones Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1948 at 11¹⁰ P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4:25 1948 to 5:21 1948
and that I last saw him alive on 5:21 1948Immediate cause of death arteriosclerotic cardio-vascular diseaseDue to General arteriosclerosis

Due to

Other conditions Hypertension, Prostatic Hypertrophy, Bilateral inguinal hernias

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. H. Brink M. D. or otherAddress 804 N. Union St. Date signed 5-23-48

RECEIVED

JUN 3 1948

BUREAU. V. B.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 993

1. PLACE OF DEATH:

County W. Georges
 City or town Sababury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 weeks
 Hospital, institution, or street address where death occurred:
Peninsula General Hospital
 How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County W. Georges
 City or town Pittsboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1 Clear Highway
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Ernest Simmons

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Sarah E. Simmons

7. Birth date of deceased (mo., day, yr.) Sept 12, 1877 6. (c) If alive, give age 68 years

8. AGE: Years 75 Months 6 Days 26 If less than one day hrs. min.

9. Birthplace Berlin, Worcester, Md
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business.....

12. Name John Simmons

13. Birthplace Berlin, Md

14. Maiden name Martha Jane Brithingham

15. Birthplace Unpublished

16. Informant Mrs. Ernest B. Simmons

Address Pittsboro, Md

17. Burial Date thereof 5/11/48
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematorium Grace

Location Pittsboro, Md

18. Funeral director The Hill & Johnson Co

Address Sababury, Md

19. 5-11-48 19. 48 Ernest B. Simmons
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 19. 48 at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25 19. 48 to May 8 19. 48
 and that I last saw h. 1 M alive on May 8 19. 48

Immediate cause of death Acute cholelithiasis with cholecystitis DURATION 2 1/2 weeks

Due to.....

Due to.....

Due to.....

Other conditions Cardiac failure sec to

arteriosclerotic C. V. D.

(Include pregnancy within 3 months of death)

Major findings of operations Liver gallbladder & stones Date of op. 4/26/48

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE William B Long M.D M. D. or other

Address 504 N. Union St. Date signed May 10, 1948

1947
12/25
18

RECEIVED
MAY 20 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a

05467

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County WicomicoCity or town _____
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William Henry Timmons

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widower6. (b) Name of husband or wife Jarvis Timmons7. Birth date of deceased (mo., day, yr.) May 7, 1870 6. (c) If alive, give age _____ years8. AGE: Years 78 Months 0 Days 12 It less than one day _____ hrs. _____ min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name James Timmons13. Birthplace Ind.14. Maiden name Ezzie Estman15. Birthplace Ind.16. Informant Mrs. Edward BurbonAddress Salisbury Ind.17. Burial Date thereof 5/21/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Parker Cem.Location Potsville Md R 1 D18. Funeral director Burns A. BurbonAddress Burns Ind.19. 5/21/48 Registrar Harriet L. Johnson
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/19/48 at 3:04 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-1-48 to 5-19-48 and that I last saw him alive on 5-18-48Immediate cause of death Cardiovascular renal disease
uremia

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Philip A. Spaulding M.D.
M. D. or other _____Address Salisbury Ind. Date signed 5/19/48

RECEIVED

JUN 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05468

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Neocomic
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
611. Buena Vista Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Neocomic
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. 611. Buena Vista Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Pauline Townsend

3. (b) Social Security Number

4. Sex female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife F. Rudolph Townsend
6.(c) If alive, give age 40 years
7. Birth date of deceased (mo., day, yr.) July 29-1908
8. AGE: Years 39 Months 9 Days 8 If less than one day
hrs. min.

9. Birthplace Wango, Maryland
(Town, county, and state)
10. Usual occupation Home life

11. Industry or business
12. Name Lloyd J. Parker
13. Birthplace Wango, Md.

14. Maiden name Lucy Dixon
15. Birthplace Wango, Md.

16. Informant Mr. F. Rudolph Townsend
Address 611. Buena Vista Ave, Salisbury Md

17. Burial, cremation, or removal. Which? Burial Date thereof May 9-48
(month) (day) (year)
Cemetery or crematorium Neocomic Mem. Park
Location Salisbury Md.

18. Funeral director Hollings H. Walter K. Hollings
Address Salisbury Md.

19. 5/9/48 19 48 Registrar Barrett E. Johnson
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 19 48 at 2:10 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 46 19 46 to May 7 19 48
and that I last saw her alive on May 7 19 48
Immediate cause of death Nephritis

Due to Hypertension
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. R. Grooms M.D.
Address Salisbury Md Date signed 5/8/48
M. D. or other

MARGIN RESERVED FOR BINDING

VS 415 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, ~~WITH~~ UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Peninsula General Hospital
 How long in hospital or institution? 19 1/2 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Linville St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Trader, Mrs. Bessie

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced
 6. (b) Name of husband or wife CHAUNCEY TRADER
 6. (c) If alive, give age 51 years
 7. Birth date of deceased (mo., day, yr.) DEC 1 1900
 8. AGE: Years 47 Months 5 Days 3 If less than one day
hrs. min.

9. Birthplace SHAD POINT, WICOMICO MD
 (Town, county, and state)
 10. Usual occupation CHIROPODIST
 11. Industry or business
 12. Name CHARLES D. WILLIAMS
 13. Birthplace SHAD POINT, MD
 14. Maiden name ELIZABETH RYALL
 15. Birthplace SHAD POINT

16. Informant GEORGE PINTO
 Address SALISBURY, MD
 17. BURIAL Date thereof MAY 6 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory SHAD POINT
SAME
 Location

18. Funeral director THE HILL & JOHNSON CO
 Address SALISBURY, MD

19. 5/6, 1948 (Date rec'd by registrar) Barry (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 19 48 at 12:5 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 4 19 48 to May 4 19 48
 and that I last saw him/her alive on May 4 19 48

Immediate cause of death Cerebral Embolus DURATION 24 hrs.
 Due to Arterial
Fibrillation 2 yrs.
 Due to Rheumatic Heart Disease
 Other condition Mitral Stenosis
 (Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —
 Autopsy results —
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide — Date of —
 Where did injury occur? — (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of Injury — Injured at work?
David Gilmore M.D.
 23. SIGNATURE Salisbury, Md. Date signed May 4, 1948
 Address — Date signed —



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05470

Reg. Dist. No. 333

1. PLACE OF DEATH:
 County Wicomico
 City or town Salisbury
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Princess Anne General Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Wicomico
 City or town Fruitland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) 5-15-48
 8. AGE: Years Months Days If less than one day
6 hrs. min.
 9. Birthplace Wic. Co.
 (Town, county, and state)
 10. Usual occupation
 11. Industry or business
 12. Name Leslie Arthur Ziebeck
 13. Birthplace Canada
 14. Maiden name Walter Christine Leamon
 15. Birthplace Snodgrassville, Tennessee
 16. Informant Mrs. Leslie Ziebeck
 Address Fruitland, Maryland
 17. Cremated Date thereof May 16 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Princess Anne General Hospital
 Location Salisbury, Maryland
 18. Funeral director Princess Anne General Hospital
 Address Salisbury, Maryland
 19. 5/18 19. 48
 (Date read by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 19. 48, at 9:50 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
birth 19. 48 to 5/15 19. 48
 and that I last saw him alive on 5/15 19. 48
 Immediate cause of death
Premature death - 7 1/2 mo gestation period
Toxemia of pregnancy
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide
 Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE F. R. Grange M.D.
 Address Salisbury, Md Date signed 7/7/48

RECEIVED

JUN 1 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

405 Martin St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)

State Md. County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 405 Martin St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mamie Elizabeth Haller

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Harry E. Haller

7. Birth date of deceased (mo., day, yr.)

Dec. 24-1886

6. (c) If alive, give age

Dead

8. AGE:

Years 61 Months 4 Days 15 If less than one day
..... hrs. min.

9. Birthplace

Salisbury Md.
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

at home

FATHER

12. Name Rose Cantrell13. Birthplace Salisbury Md.

MOTHER

14. Maiden name Elija Ennis15. Birthplace Salisbury Md.16. Information 409 Martin St. Salisbury Md.Address M. Casper E. Haller17. Burial Palmer Cem. Date thereof May 11-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Salisbury Md.Location Hallenger, G. Walter R. Hallenger18. Funeral director Salisbury Md.

Address

19. 6-11-48 19. 48

(Date recd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 48 19. 48 at 48306E

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 24 19 48 to May 9 19 48and that I last saw her alive on May 5 19 48

Immediate cause of death

Adenocarcinoma of uterus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William S. Gray

M. D. or other

Address Salisbury, Md. Date signed 5/10/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILE No. G 116 MAY 24 1948 CERTIFICATE OF DEATH

Reg. Diat. No. 333

1. PLACE OF DEATH:

County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 months
Hospital, institution, or street address where death occurred:
Passwaters Nursing Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No. Passwaters Nursing Home
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Richard Lee Waller

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Edith R. Waller

7. Birth date of deceased (mo., day, yr.) May 6, 1864 6. (c) If alive, give age 80 years

8. AGE: Years 83 Months 84 Days 0 If less than one day hrs. min.

9. Birthplace Salisbury, Wicomico Md
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name George Waller

13. Birthplace Salisbury, Md

14. Maiden name Edith Anne Waller

15. Birthplace Salisbury, Md

16. Informant Frank Waller

Address Pearl City, Md

17. Buried Date thereof 5/7/48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Parsons

Location Salisbury, Md

18. Funeral director The Bell & Johnson Co.

Address Salisbury Md

19. 5/7/48 19. 48
(Date rec'd by registrar) (month) (day) (year)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5/48 19. 48 at 9:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1947 to 2/5 1948

and that I last saw him alive on 5/5 1948

Immediate cause of death Arteriosclerotic heart disease with congestive failure

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edith R. Waller M.D.

Address Salisbury, Md Date signed 5/6/48

MARGIN RESERVED FOR BINDING

9.45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH

County NeomigCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County NeomigCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 213 Broad St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

April 9 - 19076. (c) If alive, give age 39 years

8. AGE:

Years

Months

Days

If less than one day

41118

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1948 at 3a M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on May 27 1948

Immediate cause of death

Artemia

DURATION

2 months

Due to

Nephrosclerosis1 1/2 yrs.

Due to

Malignant Hypertension2 yrs.

Other conditions

Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 5/27/48

RECEIVED

JUN 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH.

County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Peninsula General HospitalHow long in hospital or institution? 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WicomicoCity or town Salisbury, MD
(If outside city or town limits, write RURAL and give nearest town)Street No. 702 Newton St.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

White Mr. Russell T.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Mrs. Sallie White

7. Birth date of deceased (mo., day, yr.)

February 14, 1896

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

7232

hrs.

min.

9. Birthplace

Shad Point, Wicomico, MD
town, county, and state

10. Usual occupation

Banker

11. Industry or business

FATHER
MOTHER

12. Name

Thomas W. H. White

13. Birthplace

Salisbury, MD

14. Maiden name

Henrietta Malone

15. Birthplace

Shad Point, MD

16. Informant

Mr. Tom White

Address

Shad Point, MD

17.

(Burial, cremation, or removal, which)

Date thereof

(month) (day) (year)

Cemetery or crematory

White Cemetery

Location

Shad Point, MD

18. Funeral director

The Hill & Johnson Co

Address

Salisbury, MD

19.

(Date rec'd by Registrar)

19 486-18Harriet E. Johnson
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

5/1619 48 at 7:59 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 9 19 48 to May 16 19 48

and that I last saw him alive on

May 15 19 48

Immediate cause of death

Cardiac Infarction

DURATION

5 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, publc place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John R. Mann
Salisbury, MD

M. D. or other

Address

Date signed

5/16/48

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JUN 1 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico
City or town Salisbury
(If outside city or town limits write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
108 Lehigh Ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury
(If outside city or town limits write RURAL and give nearest town)
Street No. 108 Lehigh Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Ruth A. Williams

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow
6. (b) Name of husband or wife George L. Williams
7. Birth date of deceased (mo., day, yr.) May 30th 1864 5. (c) If alive, give age decd. years
8. AGE: 83 Years 11 Months 27 Days It less than one day
hrs. min.

9. Birthplace Berlin Md.
(Town, county, and state)

10. Usual occupation House work

11. Industry or business at home

12. Name Elmer B. Carey

13. Birthplace Berlin Md.

14. Maiden name Cornelia Anderson

15. Birthplace Worcester County Md.

16. Informant Mr. J. Carey Williams

Address 108 Lehigh Ave Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof May 15/48
(month) (day) (year)

Cemetery or crematory Parson's Cemetery

Location Salisbury Md.

18. Funeral director Holladay Geo. W. Holladay

Address 570 E. Church Salisbury Md.

19. 5/24/48 (Date rec'd by registrar) Warrant L. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd 1948 at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1947 to May 22 1948
and that I last saw him alive on May 22 1948

Immediate cause of death Cerebral thrombosis
Due to Hypertension Arteriosclerosis
Due to Arteriosclerosis
Other conditions Carcinoma of stomach 172-
(Include pregnancy within 3 months of death)

Major findings of operations Non operable Carcinoma
Date of op.

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Injured at work?

23. SIGNATURE Therese R. Mann M. D. or other

Address Salisbury Md. Date signed 5/24/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County... St. Concomico
 City or town... Mardela Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 38 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William T. Wilson

4. Sex

M

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

B. (b) Name of husband or wife

Sammatha E. Wilson

7. Birth date of

deceased (mo., day, yr.)

May 11 1859

6. (c) If alive, give age years

8. AGE:

88 11 10 hrs. min.

B. Birthplace

Mardela Mde Md

10. Usual occupation

Retired Farmer

11. Industry or business

William T. Wilson

12. Name

Md

13. Birthplace

Elizabeth T. Wright

14. Maiden name

Md

15. Birthplace

Mas Betty Windsor

16. Informant

Mardela, Md.

Address

Burial

Date thereof 5 4 1948

(Burial, cremation, or removal. Which?)

Mardela

Cemetery or crematory

Mardela, Md.

Location

Gravener Bros

18. Funeral director

Sharpstown Md

Address

5/4/48

(Date rec'd by registrar)

19

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Md

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

5/1 1948 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 12 1948 to May 12 1948

and that I last saw him alive on May 12 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to

Due to

Other conditions

Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Helson Md

Date signed May 2-48

RECEIVED

MAY 6 1948

BUREAU V. S.